

The Hampden Hippocrat

A Bulletin for the Hampden District of the Massachusetts Medical Society

VOLUME XIV

JUNE, 1958

No. 6



CHARLES C. LUND, M. D.
President
Massachusetts Medical Society

(For Message, see page one.)

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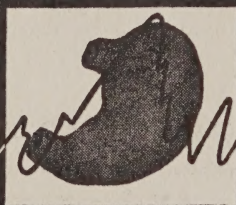
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—Hippocrates, 430 B.C.

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This Issue 675 Copies

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A MESSAGE TO HAMPDEN

from

DR. CHARLES C. LUND, President
Massachusetts Medical Society

The honor of being President of the Massachusetts Medical Society and of joining my many predecessors in this office is a very great one. This year the responsibilities of the office seem to me challenging indeed. The profession has given, is giving, and will continue to give most distinguished service to the people of Massachusetts and of the world by providing excellent medical care and by research into new methods of improved medical treatment. There is no doubt that most people appreciate the benefits they have derived from modern medicine. However, there is a minority of

people who do not understand modern medicine and do not appreciate our work. This minority does not hesitate to attempt to put the profession under government control with the mistaken idea that such control would improve things from the standpoint of patients. If we are to keep the control of medicine in our own hands, we must see to it that every person gets the best possible medical care at a cost that he can afford to pay. One of the most important methods which we, as a group, can use to do this is to promote in every way the successful, continued operation of the Blue Cross-Blue Shield, our hospitals, our social and health agencies and our health departments, state, federal and local.

My chief effort this year will be to try to bring all our doctors and the agencies we work with into better understanding of each other's programs and problems so that we can move forward on a broad front to give better and better service to our patients. When we do this in such a way that all our patients are happy, we will no longer have any public relations problems.

PRESIDENT-ELECT

Dr. Lawrence R. Dame, Greenfield (Franklin County), was named President-elect of the Massachusetts Medical Society at the recent Annual Meeting in Boston.

Address Business Correspondence to:

John E. Leary, M.D.

302 Sumner Avenue

Springfield 8, Mass.

Telephone: RE 4-3381



REHABILITATION MEETING

The by-law changes of the Springfield Rehabilitation Center, Inc. were unanimously approved, as presented, at a combined meeting of the Executive Committee of the Hampden District Medical Society and the Board of Directors of the Springfield Academy of Medicine.

This meeting, held on May 15, 1958, was proposed by Dr. Joseph P. Derby in the annual Report of the Rehabilitation Committee and approved by the Society at the Annual Meeting.

A copy of the by-laws will appear in print before the next regular District Meeting at which time they will be considered for acceptance by the membership of the Society.

Harry N. Memery, Secretary
Hampden District Medical Society

AUXILIARY DOINGS

Next Year's President

Mrs. George Ross, Holyoke, past president of the Hampden District Auxiliary, was elected recently to the office of President-elect of the Massachusetts Auxiliary. She will serve during the coming year as organization and membership chairman.

* * *

"Today's Health" Award

The Hampden District Auxiliary was awarded first prize for selling the largest number of subscriptions to "Today's Health". The meeting was held at the Hotel Sheraton Plaza in Boston on Tuesday, May 20, 1958. Mrs. William J. Devlin accepted the prize in behalf of Hampden District. Mrs. I. I. Chamberlin has been chairman of the committee in charge of promotion in sales of subscriptions.

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President's Page



Thomas F. Reilly, M.D.

Our Committees

Officers may run medical Societies but it is committees that make them.

In recent years our Society has been blessed with committees of very high calibre. Their ability and industry are well reflected in the progress and accomplishments of our Society. The least we can do is to express to them our profound thanks for a job well done.

It is comforting that as president I don't have to appoint all committee. According to our by-laws the Executive and Grievance Committees are elected by the membership. The Board of Editors, and alternate members to the Public Relations and Legislative Committees are designated by the Executive Committee. In two committees some changes are more or less mandatory. Our newly created Medico-legal Committee, and the Committee on Insurance, Labor and Compensation, constructed as they are on the "stagger" system, require one replacement annually. The Nominating Committee, although appointed by the president,

does not have to be announced until the next meeting of the Society, which will probably take place in September.

In other committees some reshuffling always seems advisable, and for good reason, too. It serves to bring in new blood, to bring out hidden talent, to develop new leadership and to afford some of the older committee-men a well-deserved rest. To insure the widest participation I have tried as much as possible to have no member serve on more than one committee at a time.

The president is a member ex-officio of all committees, except the nominating. As such, I will try to attend as many committee meetings as possible. A notice of these meetings from each chairman will, therefore, be greatly appreciated.

COMMITTEES 1958 - 1959

I—Standing Committees

Public Relations

Joseph M. Baker, Chairman and Public Relations Councilor*; Oliver J. Menard, William P. Davis, Richard J. Mahar, Holyoke, and William J. Devlin.

Legislative

Theodore R. Miner, Chairman and Legislative Councilor*; Alfonso A. Palermo, George B. Corcoran, Jr., S. A. Mahoney, Holyoke, and Herbert R. Tombs, Westfield.

Women's Auxiliary

Azel P. Barney, Chairman; Aldo Leani, George L. Ross, Holyoke, William J. Devlin, and Elmer F. Franseen.

(over)

* Alternates to the Public Relations and Legislative Councilors will be designated shortly by the Executive Committee.

Public Health

Norman A. Pokorny, Chairman; John C. Ayres, Louis A. Izenstein, James Visconti, and Sol M. Gold, Holyoke.

Insurance, Labor Relations and Industrial Accidents

Eugene W. Beauchamp, Chairman; Warren D. Platt, Ralph T. Miller, Ware, and R. D. O'Malley.

Malpractice and Medico-Legal Affairs

Wayne C. Barnes, Chairman; John W. Turner, Edward J. Ferrarone, and John J. Bandeian, Holyoke.

II—Special Committees

Medical Advisory Committee

Noah N. Feldman, Chairman, Holyoke; Charles A. Diamond, and Leroy J. Kendrew.

Blue Shield District Professional Service

Gene M. Black, Chairman, Holyoke; William F. Donoghue, Samuel R. Feldman, Samuel F. Potsubay, Holyoke, H. H. Schuman, and Donald Hayes.

Emergency Medical Service

Peter Zarecki, Chairman; Jacob J. Arenstam, Westfield, Bronilaus A. Galuszka, M. Nakashian, Ludlow, and J. C. Hall.

Health and Accident Insurance

William J. Cosgriff, Chairman; Robert Cahill, Joseph F. Zielinski, Holyoke, and Bernard Tillman.

Mental Health

Olive A. Cooper, Chairman; Jerome A. Whitney, Morris V. Borens'zin, Joseph V. Baldwin, Charles C. Derrick, Miles H. Illingworth, Lincoln M. Ives, and John W. Donoghue.

Rehabilitation

Joseph P. Debry, Chairman; William A. R. Chapin, John C. Ayres, Edward J. Ferrarone, Francis E. Hurley, Elmer F. Franseen, Frank J. Jordan, Joseph W. Kresock, and Jerome A. Whitney.

Representatives on Community Council

Allen S. Johnson and Thomas F. Reilly.

(It was voted by the Executive Committee that this committee should always consist of the President and vice-president. Since the vice-president is from Holyoke and not particularly interested in the Springfield Community Council, Dr. Allen Johnson has consented to serve another year on this committee.)

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CORRESPONDENCE

Medicine and Labor

Dear Hippocrat:

In his recent letter to the Hippocrat (May, 1958) Dr. Allman, President of the A. M. A. urged each doctor to contact his congressman and senator to register opposition to the Forand Bill.

At about the same time we all received a digest of the bill that points out some of the difficulties facing the medical profession in this day and age. The Forand Bill, which is supported by the AFofL and CIO is just one of a flood of labor-sponsored bills dealing with the regulation of medical and hospital practice. Practically all are socialistic in trend.

The April issue of the Hippocrat carried a formidable list of bills introduced in the Massachusetts Legislature dealing with the regulation of hospitals. Most of these bear the apparent sponsorship of labor and because of this are almost certain to pass. On the other hand the Massachusetts Medical Society seldom dares to introduce a bill for fear its sponsorship may well prove to be the proverbial kiss of death.

Labor has long been critical of the medical profession and now seems prepared to show its antagonism by sponsoring legislation leading to the socialization of our profession. This antagonism is in part perhaps our own fault, as we have made no effort in the past to solve the grievances of labor. A start was made in our District Society some 3 years ago when the problem was explored, but as of today, we are no nearer a solution than at that time. Only recently our membership rejected a recommendation of the Committee on Labor, Insurance and

Compensation to formulate a fee schedule for labor's health insurance plans. The wisdom or folly of this action only time can decide.

The situation in the mean time is critical. It threatens to produce local health centers patterned after the garment workers in New York City or the coal miners in Pennsylvania. According to these plans labor produces its own medical care with hired doctors in their own clinics. If you doubt the power of labor, write to your Congressman in opposition to the Forand Bill and see how many will state that they are opposed to it. All replies to letters I have sent were of the type: "I am grateful for your letter and will investigate the situation".

All the more reason why we should try to improve our relations with labor and why we should continue to send more letters to our congressmen. Perhaps enough of them will sway a few votes that we are going to need badly to defeat this entering wedge to socialized medicine.

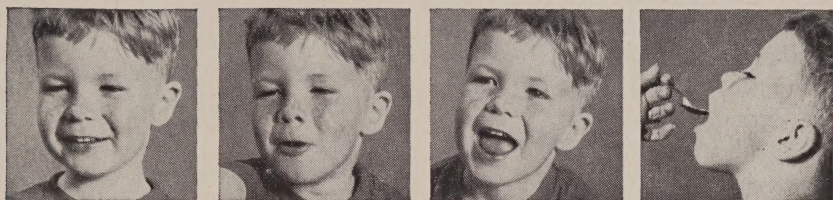
Ralph Miller, M. D.

More on X-Ray

Editor Hippocrat:

In response to your request these comments are offered on the recent article, "Routine Chest X-Rays or Not" by Dr. Ayres, (Hippocrat, April, 1958). His excellent summary incorporated many of the carefully determined conclusions of the Executive Committee of the American Trudeau Society. This Committee on X-Ray Radiation Effects and Protection from Radiation Exposure met with Richard H. Chamberlain and other radiological consultants October 8, 1957 and issued what has become a widely circulated report.

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References: Carlozzi, M.: Antibiotic Med. & Clin. Therapy 5:146 (Feb.) 1958.
Shalowitz, M.: Clin. Rev. 1:30 (April) 1958.



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In addition to the considerable attention given the chest filming program by the American Trudeau Society in recent months it seems timely to recount that American Specialists in Radiology became quite aware of radiation hazards and set up regulatory and standardizing committees in 1926 with continued and broadened activities in this area since. These activities have included a definition of the "Roentgen" and reassessments of it as an international unit not only of treatment dosage but of allowable occupational or diagnostic exposure. There has been a constant effort to minimize unnecessary diagnostic exposure over these years. This has succeeded because of improvement in films, intensifying screens, processing solutions, equipment and techniques. Equipment improvement deserves much of the credit.

Braestrup recently showed that radiologists today receive one-one hundredth the amount of radiation contrasted to his file of actual measurements twenty-three years ago in New York City. This is for the most part because patients now receive one-one hundredth the amount then in vogue.

By extrapolation and obvious individual exceptions it has been shown that one roentgen does not shorten the life 15 days. Dr. George W. Holmes who pioneered in radiology at the M.G.H., and has continued in radiology in Belfast, Maine beyond his eightieth year would on the "15 day per roentgen life shortening ratio", have shortened his life literally by much more than a hundred years.

Retrospectively George Washington received a life-time dose of more than 8.6 roentgens according to the National Academy of Science report of June

1956. Figuratively he became father of our country but literally he was childless. The restriction of the "thermostatoid effect" of the dartos muscle by his tight fitting trousers, "might imply genetic hazards 100 to 1000 times greater than those estimated from different sources of radiation" according to the recent work of three Swedish scientists at the University of Stockholm and the Institute of Radiophysics in Stockholm. This careful Swedish experimentation, if accepted at face value, applies to most of today's male population and dwarfs the concern over fall-out and background radiation.

The watchword for the mid-twentieth century in this regard might well be "selection"; Selection of kilts to protect the male gonads from overheating; selection of diagnostic x-ray procedures when indicated for sound medical reasons; and selection of equipment and techniques which incorporate all safety features for x-ray diagnosis. Diagnostic x-ray examinations are safer than ever before. Genetic damage can be kept at the low level which was described in the National Academy of Science report June 1956 and due in part to that report the medical exposure to radiation is likely to be reduced to a still lower level. Copious comments by those not disciplined in medical physics should be considered with a greater measure of skepticism than gullibility in the reader whether such reports emanate from politicians, journalists, clergy or from scientists in fields which do not include a familiarity with medical physics.

John W. Turner, M. D., Radiologist

TURMOIL IN CONNECTICUT

Dear Hippocrat:

Profound changes took place recently within the Connecticut State Medical Society as a result of the still unresolved controversy between a large number of physicians of Connecticut and the Connecticut Medical Service, Inc., (Blue Shield). Continued negotiations to end the controversy are earnestly desired by both parties.

In 1949, Connecticut Medical Service was sponsored by the Connecticut State Medical Society as its agency to sell and administer a low cost contract for prepayment of physician's services. The original intent of the society was to provide service benefits for subscribers in the lowest one-third income group only, but coverage was gradually extended until 52 percent of Connecticut wage earners and their families (up to \$5,000 family income) were eligible. Over 90 percent of the doctors of the state participated in this program.

The present controversy developed rather abruptly on Feb. 5, 1958, when Connecticut Medical Service announced in its bulletin to participating physicians that the state insurance commissioner had just approved a new CMS contract which (1) raised service benefits levels to \$7,500 family income, (2) integrated benefits, and (3) included a number of stipulations and restrictions not in prior contracts.

Several questions were raised:

(1) Why had no detailed information concerning this contract been distributed to physicians of the state in general and to CMS participating physicians in particular?

(2) Why had the new contract not

been submitted to the House of Delegates of the Connecticut State Medical Society for approval before its presentation to the insurance commissioner?

Protests by small groups of physicians proved ineffectual in altering the situation and opposition snowballed to such size as to elect practically a complete new slate of officers in three of the largest county associations, defeating incumbent slates. Similar action was achieved in the state society April 29, 1958, and the House of Delegates, by an appreciable majority, voted to disapprove the new CMS (integrated) contract and requested CMS to withdraw it immediately and permanently.

The council's public statement on May 6, 1958, outlined the official position of the Connecticut State Medical Society as made clear at the House of Delegates meeting on April 29, 1958, and indicated its desire to continue negotiations with the board of directors of Connecticut Medical Service, Inc.

E. J. L. Blasingame, M.D.
General Manager, AMA

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SPECIAL MEETING HIGHLIGHTS

Time: Tuesday, May 6, 8 p. m. . . .
Place: Springfield Municipal Hospital Auditorium Number attending: about 150 Purpose of meeting: To consider report and recommendations of committee on Insurance, Labor Relations and Industrial Accidents

President Johnson and Society commemorate Fellows who died in 57-58: Drs. J. J. Klar, H. F. Budington, H. F. Byrnes and F. W. Marx

Dr. Beauchamp, Chairman of Committee, presents comprehensive and lucid report (see below) He recommends (a) that we counsel and advise labor unions in selection of health insurance plans, and (b) that a schedule of medical fees be formulated Dr. Hayes presents minority report opposing (b) Two other members of committee, Drs. Platt and Miller, favor acceptance of Chairman's report in toto Many questions and much discussion from floor Recommendation (a) is approved but (b) is rejected Motion from floor to nominate new Labor Committee of six is defeated Meeting adjourns shortly after 10.

REPORT OF COMMITTEE ON INSURANCE, LABOR AND COMPENSATION

Presented at Special Meeting
May 6, 1958

(Condensed Version)

This small committee has worked very hard during the year just past with only one object in mind: to represent the position and interests of the medical profession, and to improve relations with Insurance Companies as well as with Labor.

Regarding the Industrial accident phase of our assignment, nothing was

done since, through our Society's effort, this is now on state level, and in the hands of the Industrial Accident Board.

This committee had five lengthy meetings, with good attendance, and with an excellent spirit of cooperation and devotion on the part of all members. First, what was our relation to Insurance Companies? That was rather easily settled since they were desirous of selling health and accident insurance and total coverage to individuals, to Labor Unions and Health and Welfare funds. This is free enterprise of the type that made our country. Far be it from us to dissuade them or to put up road blocks. I believe that we, as doctors and as a Society, should be in a position to say: This is good for the medical profession and for you and we go along with your proposition, or: this is bad for the medical profession and for you and we oppose it on this or that ground.

We realize that the insurance companies have a hard field to cultivate; they are competing with Blue Cross and Blue Shield, a tough adversary which enjoys the enviable position of a non-profit organization. Many of us like Blue Cross and Blue Shield in spite of its shortcomings. The fact remains that most of us are members, and therefore endorse its tenets. Many people, however, are not covered by Blue Shield and Blue Cross. Well over 50% of the people in the State of Massachusetts are covered through other plans and many have no plans at all. Your committee feels we have an obligation to this segment of our population. The attitude of indifference on our part would lead only to others telling us what our services are

worth. We did not push insurance companies into the field of health and welfare coverage. They are in the field, and they are looking in this instance to us for advice. Can we afford to snub them? Is it not wise and more Christian-like on our part to say: "How can we help?" Would it not be more beneficial to us and to them to sit down with a spirit of cooperation, anxious to help but mindful of the interests we must safeguard?

Before passing on to the second phase of the discussion, allow me to say that throughout our meetings the feeling was that hospital costs have increased markedly. Medical care has thereby incurred much poor public relations when as a matter of fact the physician's income has lagged far behind the cost of living. Hospital costs are not our direct responsibility, and we should never fail to point this out. Purely medical or doctor costs do interest us, and they alone are considered in this expression of opinion.

Labor is unhappy about present conditions. Unions, through their Health and Welfare funds, are anxious to protect their members. Their representatives are outspoken, frank, honest and sincere. They feel hard put to pay costs which to them frequently seem exorbitant. They favor recognized fee scales. They want the doctor paid well, but as things now stand, they do not know what to expect and what to provide for. They state that they have definite instances of excessive medical fees.

They have had insurance programs based on phantasy; unrealistic programs sold by high pressure salesmen. Naturally they have been disappointed in the results. Let us not forget that labor is not only the miner or the carpenter but also the school teach-

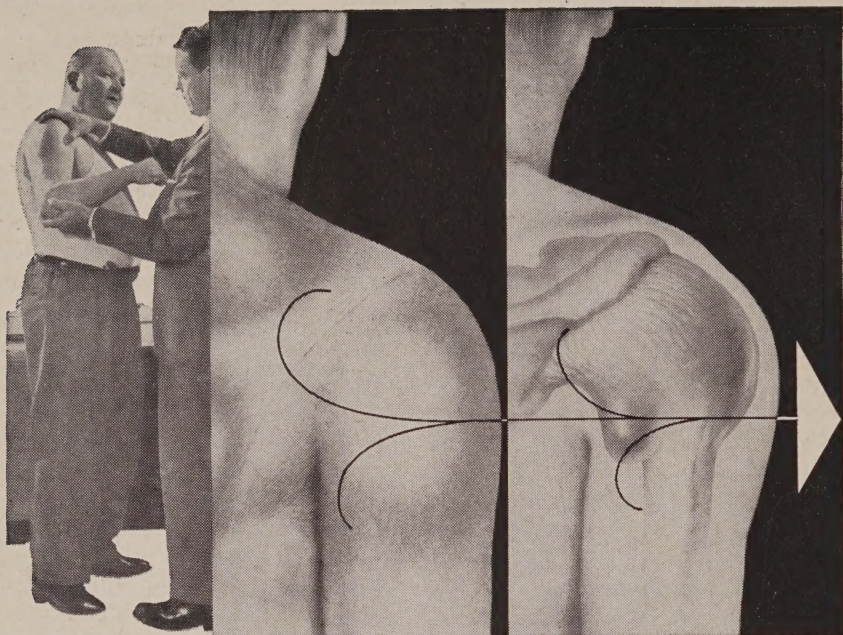
er, the postman, the farmer and the white-collar worker. They all have the same problem. They want protection, or at least a sense of security. Are we to let them down or are we to lend a helpful hand? Are we to sit in council and advise them as to what we feel is reasonable remuneration for the highly skilled professional care we endeavor to render, or are we to wait to be told what we are to receive by one or the other of the two main groups under discussion? Worst of all, are we willing to wait for State or Federal intervention to tell us what they think our labors are worth?

Fellows: Your committee feels that the solution to the whole question is a fee schedule. It would permit us to advise intelligently and with reason the various groups concerned. This would not be a contract, it would be informational. What kind of a fee schedule? It could be a minimum or a maximum. I believe it should be an average fee schedule, based on the usual charges made in this area as determined by all groups of our Society. With cooperation it could be prepared with reasonable speed.

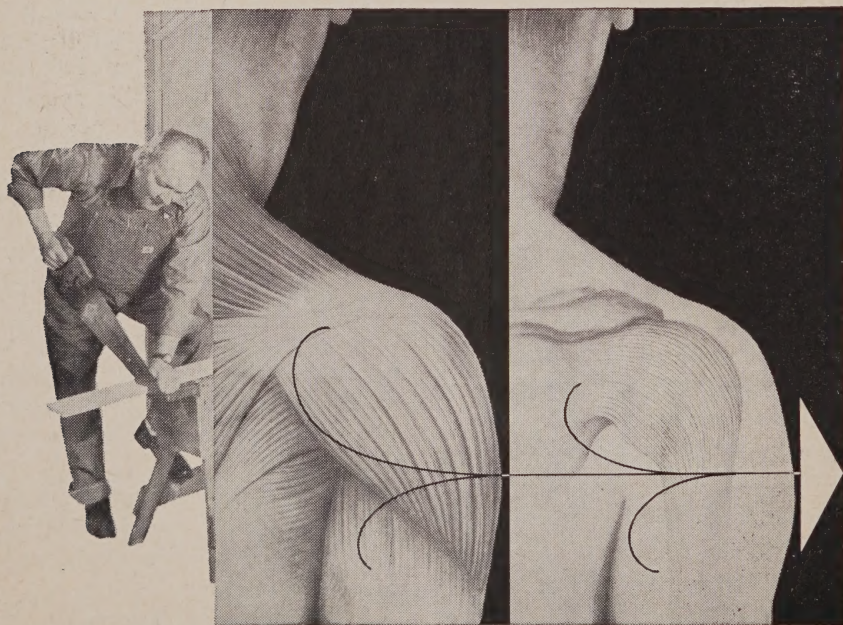
We should make our position clear that this would be an average fee schedule for usual services rendered. Unusual cases requiring extraordinary services would be expected to pay reasonable increases. Questionable charges could be referred to an established grievance board, whose verdict would be final. This schedule, furthermore, should be revised at least every two years in accordance with the cost of living index.

This plan, I believe to be constructive, cooperative, and protective. It represents the opinion of the majority of your committee.

Eugene W. Beauchamp, M.D.
Chairman



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1. Comroe's Arthritis: Hollander, J. L., p. 149 (Fifth Edition, Lea & Febiger, Philadelphia, Pa. 1953). 2. Merck Manual: Lyght, C. E., p. 1102 (Ninth Edition, Merck & Co., Inc., Rahway, N. J. 1956).

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COUNCILOR'S COLUMN



Dr. Edward P. Bagg

(Photo by Dr. Sam Potsubay)

More than forty years ago the honor of representing the fellows of Hampden District came to me as a fledgling. I still remember how my coevals in medical school, who had elected to practice in the metropolitan area, envied me this distinction. They would not be eligible for five years or longer, and wondered how it came to pass. Sometimes I have, too. Were the local practitioners on the lookout for willing 'Georges' or had the nominating committee seen signs of promise?

Be that as it may, the intervening years have been rich in experience and in contacts with leaders of our profession from other Districts, and from beyond the borders of Massachusetts. We have seen the transformation from the rarified atmosphere of aristocratic rule that stemmed from Dr. Oliver Wendell Holmes and his likes, to the heterogeneous rampaging that passes for twentieth century democracy of the type that carried adjournment of the most recent Council meeting from 5.15 p. m. on May 19 to 12 a. m., May 20th, (even with the aid of a professional parliamentarian)! The one bright note in the latter day picture is the fact that the Woodward be-

quest has come to the rescue of the Cotting fund for the dietetic appeasement of harrassed members of the Council. Whether or not wisely, we eat well.

Attendance records for the Annual Meeting of the Council for 1957 show that 11% of the Hampden District representatives did not attend. How many of the remainder sat through the meeting is not revealed, but quorums have been placed in jeopardy too often by the exodus of councilors beyond mid-meeting.

For the good of the service, nominating committees should make certain that candidates are sufficiently interested to give the time required to further their own best interests as well as those of the fellows, to say nothing of the health and welfare of the public. Also, that they are able to think and to speak up if necessary. Lastly, records of attendance at meetings of the council, of the District and State society meetings should be consulted in order to weed out non-attenders, especially now when the ratio of representation has been decreased to one in twenty-five.

E. P. Bagg, Councilor
Hampden District

DISASTER DRILL AT MERCY

A full-scale disaster drill was held at the Mercy Hospital, Saturday, May 10, 1958. The "casualties" were 50 children and one adult from a supposed school bus accident. The drill proved successful as well as instructive.

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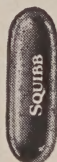
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Election of Officers

Dr. Harry L. Roberts of Springfield was elected president of the Greater Springfield Chapter, American Academy of General Practice.

Others elected were: Dr. Ralph T. Miller of Ware, vice-president; Dr. John E. Leary of Springfield, secretary-treasurer, and Dr. J. J. David, delegate to the state society's executive committee.

Named to the executive committee of the local chapter were Dr. David, Dr. Eugene Snyder of Chicopee, Dr. M. Nakashian of Ludlow and Dr. Harold K. Holleran of Westfield.

Symposium

The second annual Specialists—G. P. Symposium will be held at the Springfield Hospital Auditorium (third floor), on Friday, June 27, 1958, at 8:30 p. m.

Refreshments will be served, courtesy of the Springfield Hospital.

The following physicians will participate in the Symposium:

H. H. Shuman, M.D. — Pediatrician
F. F. Fortin, M.D. — Obstetrician
R. D. O'Malley, M.D. — Surgeon
M. Green, M.D. — Psychiatrist

The moderator will start the discussion by putting the following questions to the participants:

How do you feel about pediatricians giving immunizing injections to adults?

How do you go about referring newborn babies to pediatricians when parents express no particular choice?

Please discuss the part of the General Practitioner in surgical aftercare?

Please explain why Psychiatrists

find it necessary to charge fellow Physicians and their families?

General discussion and question period will follow.

J. J. David, M.D.

DR. STUSICK APPOINTED TO SCHOLARSHIP FUND

Dr. Stanley S. Stusick, Springfield, was recently appointed by Governor Furcolo to the Medical, Dental and Nursing Scholarship Board. At the request of the Hippocrat Dr. Stusick was kind enough to make the following statement concerning this newly created Board:

"This is a new act passed by the State Legislature and the Governor for the purpose of helping those students who are in or about to enter the medical, dental or nursing profession. It is only for those who are absolutely needy. In order to be considered as a candidate for this fund, there are proper application forms to be filled out by the student who is applying and by the dean of the school.

These blanks may be obtained through the Executive Secretary, Mr. Frederick L. Luddy at 200 Newbury Street, Boston, Massachusetts, or through me."

S. S. Stusick, M.D.

The Mental hospital population in the U. S. has declined for the second successive year but admissions continue to climb. Science Information Bureau

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ACADEMY ELECTS

At the Annual Meeting of The Springfield Academy of Medicine held on Tuesday, May 13, the following slate of officers was elected:

President, Dr. Thomas F. Reilly; president-elect, Dr. Donald R. Hayes; vice-president, Dr. Howard P. Kennedy; secretary, Dr. George B. Corcoran, Jr., and treasurer, Dr. Carroll Bryant.

Board of directors include the following: Drs. Roswell G. Mace, Max Millman, Ralph T. Miller, Azel P. Barney, Wayne C. Barnes, Omar T. Pace, William B. Coen, Robert D. O'Malley, Frank E. Hurley and George A. Vassos, Jr.

The board of censors include the following doctors: Myles H. Illingworth, chairman; James W. S. Hartshorn, secretary; Robert F. Cahill, Bronislaus A. Galuska and Bernard N. Gilchrist.

In his Annual Report the retiring president, Dr. Wayne C. Barnes, stated in part:

"This year has seen the successful introduction of the 5 P.M. clinical

sessions rotated among our three general hospitals, planned and conducted by each hospital medical staff with the Academy supplying the speakers. There has been an enthusiastic response by those attending, the speakers have been favorably impressed by the receptive audience, and attendance has ranged from about thirty to one hundred, depending upon the fame of the speaker

"It is my feeling at this time, that the Academy must bend all its energies and resources to better extend postgraduate education in this area by every means at hand and utilizing interhospital facilities. Perhaps we should develop a three-day institute of speakers and clinics in conjunction with other medical groups, but spearheaded by the Academy."

Following the business meeting "Grand Rounds No. 6" was presented. This was a 90-minute sound movie entitled "Three Key Questions in Coronary Disease".

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MORTALITY AND COMMUNICABLE DISEASES IN SPRINGFIELD

An analysis of death certificates of Springfield residents for the year 1957 revealed that 1,908 persons died and the crude death rate was 11.11 per 1,000 population.

The ten leading causes of death were:

DEATHS OF SPRINGFIELD RESIDENTS 1957

1. Diseases of the Heart	664
2. Neoplasms	246
3. Cerebrovascular lesions	238
4. Pneumonia	110
5. Diseases of Skin and Cellular Tissue	96
6. Diseases of Early Infancy	62
7. Accidents	58
8. Diseases of Circulatory System	33
9. Cirrhosis of Liver	16
10. Nephritis and Nephrosis	12
Intestinal Obstruction	12
Other Causes	82

Total residents dying in the City	1,629
Resident deaths occurring elsewhere	279

TOTAL	1,908
-------	-------

Deaths from diseases of the heart lead the list with 41%; next was cancer with 15%; third was cerebrovascular accidents with 14.6%, and fourth, was pneumonia with 7%. Approximately 73% of the deaths were amongst those sixty years and above. These figures point up the fact that the major health problem in Springfield insofar as deaths are concerned is chronic diseases with diseases of the cardiovascular system predominating.

Deaths from infectious diseases were quite low.

DEATHS OF SPRINGFIELD RESIDENTS FROM INFECTIOUS DISEASES 1957

1. Pneumonia	110	4. Syphilis	2
2. Meningitis	3	5. Diphtheria	1
3. Tuberculosis	2	6. Tetanus	1
TOTAL		119	

The reported cases of infectious diseases were:

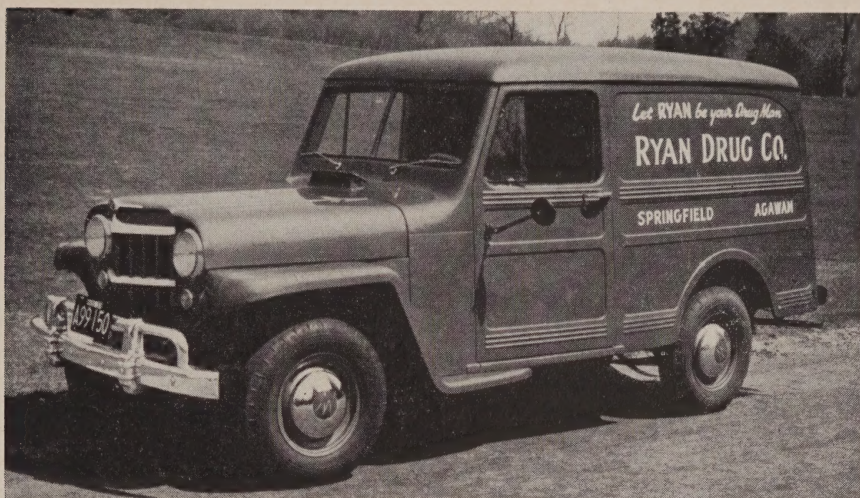
REPORTED COMMUNICABLE DISEASES IN SPRINGFIELD 1957

Chicken Pox	433	Meningitis	7
Diphtheria	4	Mumps	425
Encephalitis	2	Poliomyelitis	1
German Measles	65	Salmonella	7
Gonorrhea	105	Scarlet Fever	97
Hepatitis	9	Syphilis	159
Lymphogranuloma		Tetanus	1
Venereum	1	Tuberculosis	51
Measles	878	Whooping Cough	20

Although diphtheria has been absent from Springfield for a number of years, it returned last year. The importance of developing and maintaining immunity against various infectious diseases cannot be stressed often or strongly enough. Today we have many preventives, let's use them often and widely. There is no need for having any cases of diphtheria, whooping cough, tetanus, or polio—much less, deaths therefrom.

Although cardiovascular diseases kill by far many residents of Springfield, infectious diseases still account for 7% of our deaths. In spite of miracle drugs, pneumonia was still the fourth leading cause of death in 1957. Asian influenza did not influence too precipitously the increase in the incidence of pneumonia deaths because in 1956 pneumonia was the sixth leading cause with sixty-five deaths. As organisms become resistant to antibiotics, will we have still more and more deaths from infectious diseases? Although we as physicians may become enchanted with the challenge of chronic diseases, we must still be "eternally vigilant" for the resurgence of infectious diseases.

John C. Ayres, M. D., M.P.H.
Commissioner of Public Health
Springfield



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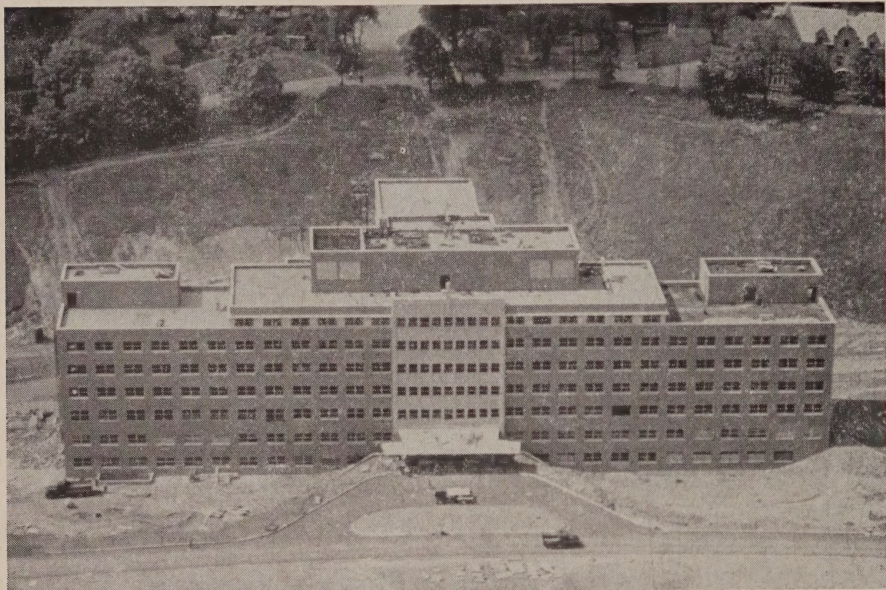
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RE 3-2052

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PHONES: RE 3-3896
RE 9-8571

PROVIDENCE HOSPITAL IS DEDICATED



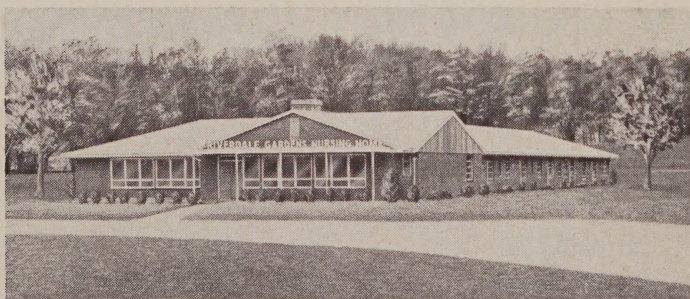
Completed 6 months ahead of schedule the new Providence Hospital was officially opened on Saturday, May 31, 1958. Presiding at the ceremonies and principal speaker at the dedication exercises was Most Rev. Christopher J. Weldon, Bishop of the Roman Catholic Diocese of Springfield. Several thousand people and many dignitaries, including Governor Foster Furcolo,

attended.

The new Hospital which is located on the Brightside property in Holyoke, is a seven-story, 220-bed modern structure. The transfer of patients from the old to the new Providence Hospital began during the first week in June. (For complete description of hospital see Hippocrat, Dec., 1957.)

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THE MEDICAL SOCIETY AND THE HEALTH AGENCY

What about the voluntary health agencies in our midst? What role if any is the physician and his medical society to play in relation to these organizations? The answers to these and similar questions is to be found in the very comprehensive report of the A.M.A.'s "COMMITTEE ON RELATIONSHIP BETWEEN MEDICINE AND ALLIED HEALTH AGENCIES." (J.A.M.A. Aug. 24, 1957.)

The report begins by indicating that "voluntary health agencies are an American institution. . . . Starting with the National Tuberculosis Association in 1904, the agencies at the national, state, and local level, devoted wholly or in part to health promotion, are now numbered in the hundreds."

It goes on to say that physicians and medical societies, " . . . are expected by the public to support these many voluntary efforts. Each agency strives for medical approval and wants to count physicians among its members."

After describing in detail the nature of the five different types of voluntary health agencies, the report proceeds to remind us that "The medical society approach to any agency should be friendly, . . ." but "It should also be constructively critical, since occasionally uninformed enthusiasts can make mistakes which distort even well-planned policy."

The actual evaluation of a voluntary health agency by the local medical society requires answers to at least the following nine questions. 1. What relation does the local voluntary agency have to a similar state or national agency? 2. Why and who started it in the community? 3. Are the purposes and stated objectives of the agency desirable, medically justifiable, and

possible of attainment? 4. Does the agency respect local customs for collecting money in the drive for memberships and contributions? 5. Is the fund goal realistic when related to community needs? 6. Is the cost of fund raising and administration reasonable in relation to expenditures? 7. Are the educational and promotional materials medically correct, ethically presented, in good taste, and educationally sound? 8. Can the expenditures allocated for research be justified by local disease problems as well as the national research needs? 9. How are expenditures for service related to local needs for such service and to the established community programs for medical care?

Satisfied with the answers to these questions, the medical society should assist by counseling and by making available medical society representation in the governing board of the voluntary health agency. It should also cooperate with the agency in planning its program and it should " . . . encourage medical society members to stimulate public support of the agency and its program."

The health agency for its part, " . . . has certain obligations to the community in which it operates and to the physicians and their medical society who provide the health service in that community."

These obligations are that "(1) its basic policies regarding medical care and preventive medicine should conform with the policies and practices acceptable to the medical profession in that particular community, (2) the governing board of the voluntary agency should in all instances provide an opportunity for representation of

the medical profession designated by the county medical society, (3) problems involving medical policy and practice should be considered in consultation with appropriate medical society committees, and (4) the program of the agency, including the collection and disbursement of its funds, should conform to community custom and be related to the community's needs and the over-all program of the agency at the local, state, and national level."

The individual physician may find himself participating in one of four separate roles: (1) as an official representative of his medical society, (2)

as a physician when called upon by an agency, (3) as a volunteer physician member of the agency because of his own interest in the program, or (4) as a private citizen motivated to contribute to public service. The agency and the physician should analyze which role the physician is playing and keep them carefully separate. Only the delegated representative of the medical society may represent the society.

It is significant to note that the Committee Report reviewed above was approved by The Board of Trustees of the American Medical Association.

Harold J. Holleran, M. D.

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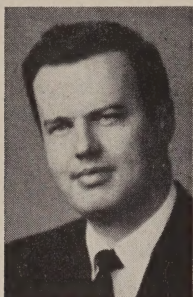
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NEW MEMBERS



JOHN A. LARSON, M.D.

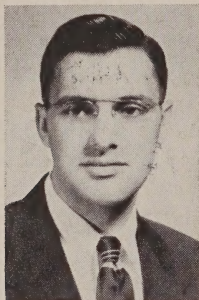
Medical School: Northwestern University, Chicago, Ill., 1953

Internship: Cook County Hospital, Chicago, Ill.

Residency: Menninger School of Psychiatry, Topeka, Kansas

Specialty: Psychiatry

Office Address: 130 Maple Street, Springfield



JOSEPH ANGELICA, M.D.

Born: Thompsonville, Connecticut

Office Address: 346 Maple Street, Springfield 5, Mass.

School: Tufts Medical School, Boston, Mass.

Internship: Mercy Hospital, Springfield, Mass.

Residency: General Surgery, Hospital of St. Raphael, New Haven, Conn.

The Society welcomes the following physicians into membership:

Dr. Eugene W. Beauchamp, Jr.

Dr. George E. Crickard, Jr., Longmeadow

Dr. John E. Fitz-Gibbon

Dr. Maurice M. Helpern, Longmeadow

Dr. Cyril E. Shea, Jr.

Dr. Alonzo D. Sheffield, Jr.

Dr. Karel J. Susat, Holyoke

Dr. William W. Walthall, Jr.

The photographs and "Who's Who" of the above will appear in the next few issues of the Hippocrat.

GOLF! GOLF! GOLF!

The annual golf tournament of the Wesson Memorial Hospital will be held on June 11 at the Springfield Country Club.

* * *

The annual Mercy-Springfield Hospital golf tournament will be held on June 18 at the Longmeadow Country Club.

DR. SMEAD ELECTED

At the last District Councilors' Meeting Dr. James L. Smead was elected Executive Councilor of the Hampden District Medical Society.

QUOTE OF THE MONTH

"This is no time for tranquilizers"

David B. Allman, M.D.,

President, A. M. A.

Speaking on medico-socio-economic problems, at recent convention of American College of Physicians.

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